CITY OF BEDFORD HEIGHTS

5661 Perkins Road, Bedford Heights Ohio 44146
Tel: 440-786-3237 Fax: 440-786-3277

Completed application must be on file **20** days prior to date of the scheduled meeting.
(APPLICANT: FILL OUT FIRST PAGE ONLY)

Application for: ☐ Appeal   ☐ Variance   ☐ Conditional Use Permit

ZONING BOARD OF APPEALS

Date of Meeting   _____   Time: _____6:30_____ p.m.

A.   APPLICANT

Name of Property Owner: _____

Owner's address: _____

Phone (business)   _____   (home) _____

Application date: _____

$100.00 fee paid on: _____   by   ☐ Cash ☐ Check No:_____

Persons scheduled to appear before the Board:

_____   _____   _____
              (name)   (name)   (name)

_____   _____   _____
              (position)   (position)   (position)

Address of proposed improvement: _____

Present use of property: _____

Buildings / improvements presently existing on property: _____

_____

Proposed use / improvements: _____

_____

_____

☐   Undersigned requests review of decision by the zoning inspector to deny a building permit. It is the appellant's contention that an error was made in the determination of the zoning inspector. Describe alleged error on back of form.

☐   Applicant requests a variance because

   ☐   literal application of Code provisions would result in unnecessary hardship.

   ☐   there are exceptional circumstances peculiar to property.

   ☐   variance would not be detrimental to public welfare.

   ☐   variance would not be contrary to purposes on Code.

☐   Description of proposed conditional use on back of form

APPLICANT'S SIGNATURE_____

CITY OF BEDFORD HEIGHTS

BUILDING DEPARTMENT

<u>DEPARTMENT USE ONLY</u>

Property address: _____

The following persons are all of the property owners located within a 500' radius of this property and, therefore, entitled to notice of this request to the Board of Zoning Appeals:

Name   Name
Address   Address

Name   Name
Address   Address

Name   Name
Address   Address

Name   Name
Address   Address

Name   Name
Address   Address

Name   Name
Address   Address

     I further understand that, pursuant to City Charter, these persons are entitled to be present at my hearing and must receive notice of my hearing date at least 5 days before my hearing can take place.

Name: _____   Date: _____

Name: _____   Date: _____

B.   BUILDING DEPARTMENT

Zoning district of subject property: _____

Number of parcels involved: _____

Applicant requested:

      ☐   Appeal from permit denial.

      ☐   Conditional use permit.

      ☐   Variance from Zoning Code Section(s) No.

_____ entitled_____

_____ entitled_____

_____ entitled_____

Pertinent information

_____

_____

_____

_____

C.   ZONING BOARD OF APPEALS

Date of appearance: _____

By: _____ position _____

     _____ position _____

Motion to: _____

_____

_____

Subject to the following conditions: _____

_____

_____

By: _____ Seconded by: _____

Motion   ☐   granted   ☐   denied

Reasons for granting / denying: _____

_____

_____

                  Chairman   _____

                  Secretary   _____